



<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	09/988496
		Filing Date	November 20, 2001
		First Named Inventor	David J. Anderson
		Examiner Name	R. R. Shukla
		Art Unit	1632
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	CTCH-P01-007
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>760.00</b>

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account      Deposit Account Number: 18-1945      Deposit Account Name: Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below      ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17      ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____	_____ x _____	_____ = _____
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
_____	_____ x _____	_____ = _____

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50	_____ (round up to a whole number) x _____	_____ = _____	

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 2253 Extension for response within third month	510.00
2401 Notice of appeal	250.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	54,144
Name (Print/Type)	Z. Angela Guo	Telephone	(617) 951-7546
		Date	January 27, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 1/27/05      Signature: Ginny Blundell      (Ginny Blundell)

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Dated: 11/27/05 Signature: [Signature]  
(Ginny Bjundell)

Docket No.: CTCH-P01-007  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Anderson et al.

Application No.: 09/988496

Confirmation No.: 8536

Filed: November 20, 2001

Art Unit: 1632

For: ARTERY SMOOTH MUSCLE- AND VEIN  
SMOOTH MUSCLE-SPECIFIC PROTEINS  
AND USES THEREFOR

Examiner: Ram R. Shukla

**AMENDMENT UNDER 37 CFR 1.116**

Mail Stop: After Final  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

This amendment is being filed in reply to the outstanding Office Action, mailed July 29, 2004, in connection with the above application. A Petition for a three-month extension of time, a Notice of Appeal, and appropriate fees are filed concurrently herewith. Please enter the following amendments:

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.